MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04963

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North BRENTWOOD; LENGTH OF STAY (in this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4509 R.I.Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.'s; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Brentwood; STREET ADDRESS (If rural give location) 4509 R. I. Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Clayton (Last) ALLEN

4. DATE OF DEATH: (Month) MAY (Day) 25 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: MARCH 12, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy (Retired)

11. BIRTHPLACE (State or foreign country): Richardsville Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Allen

14. MOTHER'S MAIDEN NAME: MARIA King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) 1917-1919

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Rose Allen - (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

352 Immediate cause (a) Myocarditis — Interval Between Onset and Death: 3 yrs.

832 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-Sclerosis & Hypertension — 5 yrs.

(c) Paralysis — Rt. side — 8-10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1947, to MAY 25, 1949, that I last saw the deceased alive on MAY 24, 1949, and that death occurred at 9.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. H. Spiller M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5/28/49 | NAME OF CEMETERY OR CREMATORY: Harmony | LOCATION (City, town or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: May 26 1949 | REGISTRAR'S SIGNATURE: Laura Beers

24. FUNERAL DIRECTOR: L. Gasch & Son | ADDRESS: Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1949
71
1878
71
1949

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04964

CERTIFICATE OF DEATH

Reg. Dist. No. 2-34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allentown
LENGTH OF STAY (In this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6615 - Allentown Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allentown
STREET ADDRESS (If rural give location): 6615 - Allentown Road

3. NAME OF DECEASED (Type or Print): (First) Preston (Middle) Blum (Last) Allen

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: March 16, 1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Allen

14. MOTHER'S MAIDEN NAME: Laura Pyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mystie Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic pneumonitis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Large mass in right chest.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1949, to May 14, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 5-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/17/49 — NAME OF CEMETERY OR CREMATORY: Bell's M. E. Cemetery — LOCATION (City, town, or county) (State): Camp Springs Md

DATE REC'D BY LOCAL REG.: May 14 - 1949 — REGISTRAR'S SIGNATURE: Howard T. Beall

24. FUNERAL DIRECTOR: Arthur E. Simmons Jr — ADDRESS:

RECEIVED
MAY 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04965

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4514 Burlington Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ~~P.G.~~ Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 4514 Burlington Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EDNA BURT ATHERTON

4. DATE OF DEATH (Month) (Day) (Year): MAY 20, 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 3, 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Hecht Co

11. BIRTHPLACE (State or foreign country): Gibson, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pierre Burt

14. MOTHER'S MAIDEN NAME: Mary Ellen Peck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 578-24-9899

17. INFORMANT: Raymond B. Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Carcinoma of Breast c generalized metastasis

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1944 to 1949,

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 48, to May 20, 19 49, that I last saw the deceased alive on 5/13, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Burns, M.D. 915 - 19th St. N.W. Wash. D.C. 5/20/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 23, 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Prince Geo. Co., Maryland

DATE REC'D BY LOCAL REG.: May 25, 1949

REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR AND ADDRESS: Warner E. Pumphrey, Inc Silver Spring, Maryland

RECEIVED
MAY 26 1949
BUREAU V. S.

Evidence for addition of 18c is on:

FILM No. G 120 JUL -5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04966

Reg. Dist. No. 245

The correct age is especially important. Physicians: Please write the causes of death clearly and legibly. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainer; LENGTH OF STAY (in this place): 22 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3411 - Eastern Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainer; STREET ADDRESS (If rural, give location): 3411 - Eastern Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GERTRUDE		BEALL		May	21,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widowed	Oct. 27, 1879	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Annapolis, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Sellman	Evelina Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	none	Lavetta Sussan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
200.1 Immediate cause	(a) Cerebral hemorrhage & Uremia	5 days
55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Carcinomatosis	2 Years
	(c) Carcinoma of left inguinal lymph glands (Lymphosarcoma) & abdominal metastases. (2/11/49 g.s.)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE			m.		

22. I hereby certify that I attended the deceased from Nov. 10, 1948, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert G. Brandes		135 R.I. Ave. N.E.	Washington, D.C.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/24/49	Fort Lincoln Cemetery	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 23, 1949	James Dewey	William J. Malley	3200 R.I. Ave. Mt. Rainier, Md.

VS. A15

RECEIVED
MAY 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14967

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchelville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchelville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Daisy (Last) Beall

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/13/1880

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Tayman

14. MOTHER'S MAIDEN NAME: Laura Ann ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. John F. Beall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	5 hrs.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Arteriosclerosis	10 yrs
	(c) Myocarditis	8 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	10 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1949, to May 26, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE James E. Hanson (Degree or title) M.D. ADDRESS DATE SIGNED 5-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/30/49

NAME OF CEMETERY OR CREMATORY: Mt. Carmel

LOCATION (City, town, or county) (State): Upper Marlboro, Md

DATE REC'D BY LOCAL REG.: May 29, 49

REGISTRAR'S SIGNATURE: Louise N. Peach

24. FUNERAL DIRECTOR: Ritchie Bros.

ADDRESS: Upper Marlboro Maryland

RECEIVED
JUN 6 1949
BUREAU V. S.

Evidence for change of age is on:

04968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 MAY 18 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5618 Baltimore Ave.	STREET ADDRESS (If rural give location) 5618 Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ada Elizabeth Belt

4. DATE OF DEATH (Month) (Day) (Year): May 12 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4 July 1876

9. AGE last birthday: 72 ~~73~~ Yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hyattsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harrison S. Bowen

14. MOTHER'S MAIDEN NAME: Mary J. Prettyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Norman B. Belt (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c)	

420.1

94b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to 5-12, 1949, that I last saw the deceased alive on 4-12, 1949, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leonard Hays — ADDRESS: Hyattsville, Md — DATE SIGNED: 5-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 14 May 1949 — NAME OF CEMETERY OR ~~CREMATORY~~: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Maryland

DATE REC'D BY LOCAL REG.: May 12 1949 — REGISTRAR'S SIGNATURE: James Sercey

24. FUNERAL DIRECTOR: F. Gasch & Son's — ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04969

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1½ yrs.
Hospital, Institution, or street address where death occurred: 6401 Lee Place
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6401 - Lee Place
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Robert Ernst Blacknell

3.(b) Social Security Number 577-09-3392

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife: Frances Blacknell
B.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 15, 1876

8. AGE: Years: 73 | Months: 1 | Days: 8 | If less than one day: hrs. min.

9. Birthplace: Louisburg, N.C.
(Town, county, and state)

10. Usual occupation: Ladder

11. Industry or business

FATHER
12. Name: Ephram Blacknell
13. Birthplace: N.C.

MOTHER
14. Maiden name: Emma Young
15. Birthplace: N.C.

16. Informant: Dorothy E. Thompson
Address: 6408 Lee Place

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26 1949 (month) (day) (year)
Cemetery or crematory: Payne
Location: Washington D.C.

18. Funeral director: Robert Robinson C.
Address: 1316 6 st nw

19. May 24 1949 (Date rec'd by registrar) Carrie Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 1949 at 7:P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 6 1949 to May 23 1949 and that I last saw h[illegible] alive on May 23 1949

Immediate cause of death	DURATION
Metastatic Carcinoma	
Due to: Prostatic Carcinoma	
Due to: 177	
Due to: 516	
Other conditions: Arthritis Deformans + Senility	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Johnnie Robinson, MD. M. D. or other
Address: 1001 Eastern Ave. Date signed: 5/23/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

RECEIVED
MAY 27 1949
BUREAU V. S.

04970

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7810 Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 7810 Marlboro Pike

3. NAME OF DECEASED (Type or Print) (First) Alton (Middle) B. (Last) Boone
4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 10, 1906
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Lunch room
11. BIRTHPLACE (State or foreign country) Forestville, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William C. Boone
14. MOTHER'S MAIDEN NAME Martha Mary Radtke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-12-1299
17. INFORMANT Virginia M. Boone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 5/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-1949
NAME OF CEMETERY OR CREMATORY Epiphany
LOCATION (City, town, or county) (State) Forestville Md

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Edna F Collins
24. FUNERAL DIRECTOR John A Mattingly - 131-11th St SE Washington DC
ADDRESS

May-16-1949.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 25 1949
BUREAU V. S.

04971

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (In this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7100 Palmer Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 7100 Palmer Road

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Landonia (Last) Briscoe

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 49

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/7/76

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Washington

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Rosie L. Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M. D. Forestville, Md. 5/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: May 26-49 NAME OF CEMETERY OR CREMATORY: Chapel Hill. LOCATION (City, town, or county) (State): Chapel Hill Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR ADDRESS: John T. Pluies 901-3rd St. S.W.

May-22-49

VS. A15A

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04972

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville Md
LENGTH OF STAY (In this place): transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D. C.
STREET ADDRESS (If rural, give location): 1506 Caroline St N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ada		Brown	5	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	married	3/4/1904	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Charlotte N. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Belt	Mary Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Fred Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
816.5 **Immediate cause**	(a) Crushed chest	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured skull	
170c	(c) Automobile collision	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street	(CITY OR TOWN): Berwyn - Prince Georges	(COUNTY):	(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5- 1-49 m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Collision with another automobile		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Deputy Medical Examiner	Hyattsville, Md	5-3-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
removal	5/3/49	Jarvis Funeral Home	Washington	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/49	Amanda Moore	F. Gasch's Sons	Hyattsville Md.

RECEIVED
MAY 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04973

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Nursing Home 5801 - 42 Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4512 38 St Brentwood, Md
STREET ADDRESS (If rural, give location) 4512 38 St

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) MAY (Day) 31 (Year) 1949

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: March 4 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Edward Carroll

14. MOTHER'S MAIDEN NAME: Mary Margaret Ohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N o (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Husband and daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY INSUFFICIENCY ACUTE	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HEMIPLEGIA	10 yrs
420.1 93d	(c) HYPERTENSIVE HEART DISEASE	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benjamin S. Miller M.D. 3824-34th St Mt. Rainier Md 5/31/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/3/49 — NAME OF CEMETERY OR CREMATORY: Mt. Royal Cemetery — LOCATION (City, town, or county) (State): Pittsburgh, Pa.

DATE REC'D BY LOCAL REG.: June 2, 1949 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Wm J. Malloy — ADDRESS: 3200 R. I. Ave. Mt. Rainier, Md

Jane Lewis

VS. A15

RECEIVED
JUN 6 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04974

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton | LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodyard Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Woodyard Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Magdalena (Last) Brown
4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 29 1864
9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Clark
14. MOTHER'S MAIDEN NAME: Carolina Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Noble Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart failure — 442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cardiovascular renal disease — 131a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd | (Degree or title) M.D | ADDRESS Forestville, Md | DATE SIGNED 5-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF May 13, 1949 | NAME OF CEMETERY OR CREMATORY: Holy Rosary | LOCATION (City, town, or county) (State): Rosaryville Maryland

DATE REC'D BY LOCAL REG. May 12 1949 | REGISTRAR'S SIGNATURE R. Ernest Smith

24. FUNERAL DIRECTOR: Ritchie Bros. | ADDRESS Upper Marlboro Maryland.

RECEIVED
MAY 18 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04975

CERTIFICATE OF DEATH

Reg. Dist. No. 205

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) Camp
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5103 - 43rd Ave.

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Katherine (Last) Bucklin.

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1949.

5. SEX: Fem. — 6. COLOR OR RACE: White. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Aug 15 1879 — 9. AGE: Last birthday 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Charles Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Carter Tippett. — 14. MOTHER'S MAIDEN NAME: Harriet Rebecca Turner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT: E. G. Bucklin.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Adenocarcinoma of Lung

170

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of breast 1935.

50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1949, to 5/31, 1949, that I last saw the deceased alive on 5/30, 1949, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Howard T Morse Md 28 Carroll Ave Takoma Park Md. 5/31/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 6/3/49 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) Colmar Manor — (State) Md

DATE REC'D BY LOCAL REG. May 31 1949 — REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR — ADDRESS

E. Gascho sons Hyattsville Md.

5700 — 41st Ave
Ed. G. Buehler Jr.

04976

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Blue Pond.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 2 Domer Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Eugene (Last) Buzzard

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-22-26

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Climax, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arnold Buzzard

14. MOTHER'S MAIDEN NAME: Mary Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES W.W. II

16. SOCIAL SECURITY NO.: 205-16-0488

17. INFORMANT: David Clyde Fockler, Bro.-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
973.1 **Immediate cause**	(a) Asphyxia	
163M **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carbon monoxide poisoning	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ **CAUSE OF DEATH.**
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: field
(CITY OR TOWN): Hyattsville (COUNTY): Pr. Georges (STATE): Md
TIME (Month) (Day) (Year) (Hour) OF INJURY: 5-3-49 3:00 p. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Cutting rod metal tubing to exhaust and inserted into cab. Motor running

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John J. Maloney M.D. Deputy Medical Examiner — ADDRESS: Hyattsville, Md — DATE SIGNED: 5-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 6, 1949 — NAME OF CEMETERY OR CREMATORY: Climax, Penna Cemetery — LOCATION (City, town, or county): Climax — (State): Penna

DATE REC'D BY LOCAL REG.: MAY 4-1949 — REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR: Arthur L. Talley — ADDRESS: 254 Carroll St NW Takoma Park, D.C.

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04977

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Pr. George County
City or town: Capitol Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 31 Years
Hospital, institution, or street address where death occurred: 623 - 57th Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George Co
City or town: Capitol Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 623 - 57th Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Salvatore Cardia

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of [redacted] or wife: Cecilia Cardia
6.(c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.): April 14 1873

8. AGE: Years: 76 Months: Days: If less than one day: hrs. min.

9. Birthplace: Sicily Italy (Town, county, and state)
10. Usual occupation: Retired Shoemaker
11. Industry or business: Own Shop
FATHER
12. Name: Leo Cardia
13. Birthplace: Italy
MOTHER
14. Maiden name: Josephine Pellegrino
15. Birthplace: Italy
16. Informant: Miss Josephine Cardia
Address: 623 - 57th Ave Capitol Heights Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 17, 1949 (month) (day) (year)
Cemetery or crematory: St Marys
Location: Washington D.C.
18. Funeral director: John A. Mattingly
Address: 131 - 11th St S.E. Wash D.C.
19. May 15 1949 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1949 at 11:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 31 1948 to May 14 1949 and that I last saw him alive on May 13 1949

	DURATION
Immediate cause of death: Congestive Heart Failure 4200	2 days
Due to 93d: Arterioschlerotic Heart Disease	13 Years
Due to: Generalized Arterioschlerosis	13 Years
Other conditions: Cerebral Hemorrhage (Include pregnancy within 3 months of death)	3 Months

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Suit Ritchie M.D.
M. D. or other
7005 Ritchie Road SE
Address: Washington 19 D.C. Date signed: 5/15/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04978

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (In this place) In transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS On Wash-Balt Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1849 T. Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Viola (Middle) (Last) Chapman
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1949
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 1914
9. AGE last birthday: 35 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maid
10b. KIND OF BUSINESS OR INDUSTRY: house-work
11. BIRTHPLACE (State or foreign country): Concord, N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Chapman
14. MOTHER'S MAIDEN NAME: Barbara White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Charles Chapman, brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull

(c) Automobile collision

819.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Berwyn (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) 5 (Day) -1- (Year) 49 (Hour) 4.00 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Deputy Medical Examiner Hyattsville, Md 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5/2/49 NAME OF CEMETERY OR CREMATORY Melvin & Sehey LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 5/2/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS T. Gaschi Sons - Hyattsville Md

J.D. Smith

VS. A15A

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04979

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY OR TOWN Colmar Manor; LENGTH OF STAY in this place 24 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4003 Lawrence st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo; CITY OR TOWN Colmar Manor; STREET ADDRESS (If rural give location) 4003 Lawrence ST

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Clarke

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 31. 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alfred R Clarke

14. MOTHER'S MAIDEN NAME: Anne E ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 212-14-5075

17. INFORMANT: Mary a. Clarke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	18 days
	(c) Hypertensive Cardiovascular Renal Disease	5 yrs.

420.1

131 a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1949, to 5-25, 1949, that I last saw the deceased alive on 5-25, 1949, and that death occurred at 1.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Bates ADDRESS: 815 - E. Capitol St. DATE SIGNED: 5.25.49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/28/49

NAME OF CEMETERY OR CREMATORY: Glenwood

LOCATION (City, town, or county) (State): Washington Ill

DATE REC'D BY LOCAL REG.: 5/26/49

REGISTRAR'S SIGNATURE: Amanda Downes

24. FUNERAL DIRECTOR: F. Gascha sons ADDRESS: Hyattsville Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

04980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
LENGTH OF STAY (In this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7282 - Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
STREET ADDRESS (If rural, give location): 7282 - Central Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GRACE	MAY	COLLINS	May	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	white	married	May 13, 1878	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): St Marys County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Andrew Lehulty
14. MOTHER'S MAIDEN NAME: Alice King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr Walter Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Hypertensive Coronary Heart	
94 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Disease	11 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Dey) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 15, 1941, to May 10, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin	MD	6104 Central Ave, Capitol Hgts, Md	5/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 12-1949	Addison's Chapel	Seat Pleasant	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May. 10-1949.	Carrie F. Campbell.	J. Wm Lee Sons &	Washington D.C.

VS. A15

22

RECEIVED
MAY 13 1949
BCAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04981

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ~~Montgomery~~ PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): Riggs Rd. Ext.

3. NAME OF DECEASED (Type or Print): (First) Irene (Middle) Augusta (Last) Conner

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 21 Dec. 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William M. Fowler

14. MOTHER'S MAIDEN NAME: Annie A. Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lillie M. Burgess (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho Pneumonia	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	1 week
420.0 93d	(c) Generalized hypertensive arteriosclerotic -	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 49, to May 28, 1949, that I last saw the deceased alive on May 27, 1949, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Bernard A. Fitzgerald M.D. 802 Malcolm Dr. Silver Spring, Md. 5/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 30 1949

NAME OF CEMETERY OR CREMATORY: St. Mary's

LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: May 29 1949

REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04982

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hyattsville | LENGTH OF STAY (in this place) 7yrs. 9mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #1. Riggs Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hyattsville
STREET ADDRESS (If rural, give location) R.D. #1. Riggs Rd.

3. NAME OF DECEASED (Type or Print): (First) Anna Mae (Middle) Morgan (Last) Dart

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Mar. 6 1866 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Lewisburg, Ky. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Salathiel Morgan | 14. MOTHER'S MAIDEN NAME: Mary Blaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. Dorothy Dart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Congestive heart failure — 24 hrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acute bronchitis — 10 days
(c) Chronic myocarditis — 18 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, marked deformity — 21 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1942, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 8:18 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wallace M. Mook M.D. | 805 Carroll Ave., Takoma Pk. Md. | 5-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 11, 1949 | NAME OF CEMETERY OR CREMATORY Hebrew Mem. Cemetery | LOCATION (City, town, or county) Hyatt. Pri. Geo. | (State) Md.

DATE REC'D BY LOCAL REG. May 10-1949 | REGISTRAR'S SIGNATURE John D. Smith | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 2514 Carroll St. NW

RECEIVED
MAY 12 1949
BUREAU T. S.

04983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) May	(Last) DeVaughn	4. DATE OF DEATH	(Month) May	(Day) 17	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11, 1883	9. AGE last birthday 65 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Charles Ling Boteler	14. MOTHER'S MAIDEN NAME Margaret Garner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Elizabeth Richards					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Immed
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive CVR Disease	8 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to 17 May, 1949, that I last saw the deceased alive on 11 May, 1949, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE Robert B. Casser (Degree or title) MD ADDRESS Upper Marlboro, Md DATE SIGNED 18 May 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/20/49	NAME OF CEMETERY OR CREMATORY Ft. Lincoln	LOCATION (City, town, or county) (State) Bladensburg, Maryland
DATE REC'D BY LOCAL REG. May 19 1949	REGISTRAR'S SIGNATURE R. Burd [signature]	24. FUNERAL DIRECTOR Ritchie Bros.	ADDRESS Upper Marlboro, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04984

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS En route from Contee, Md to Lawtel, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Contee
STREET ADDRESS (If rural, give location) Near Laurel R. F. D.

3. NAME OF DECEASED (Type or Print): (First) Noble (Middle) L. (Last) Duckett
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-7-1918
9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Bowie, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert W. Duckett
14. MOTHER'S MAIDEN NAME: Pearl Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1943 - 1945
16. SOCIAL SECURITY NO.: 214-16-7127
17. INFORMANT: Aaron Duckett Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

962 **Immediate cause** (a) Hemorrhage & shock.

167 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Stab wound of chest

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Contee, Md (CITY OR TOWN) Contee (COUNTY) Pr. Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 25, 1949 10:55 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed in chest by another person

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John J. Maloney M.D. Dep. Md. Examiner — Cheverly — Hyattsville, Md — 5-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 29 1949 — NAME OF CEMETERY OR CREMATORY: Pleasant Grove — LOCATION (City, town, or county) (State): Near Springfield Md

DATE REC'D BY LOCAL REG.: May 28-1949 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR — ADDRESS: Ridgley Selby, 401 Washington, Laurel Md

RECEIVED
JUN 1 1949
BUREAU V. S.

Evidence for change in mother's name is shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04985

CERTIFICATE OF DEATH

Reg. Dist. No. 231

FILM No. G 121 JUL 14 1949

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 2 hrs - 55 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
STREET ADDRESS (If rural, giva location): Box 41

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mole (TWIN #2) Dutcher

4. DATE OF DEATH (Month) (Day) (Year): May 12 1949

5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: May 12, 1949
9. AGE last birthday: yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours 2 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Dutcher
14. MOTHER'S MAIDEN NAME: Ann Penelope ~~Well~~ Moseley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, giva war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

752 Immediate cause (a) Hydrocephalus

Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the abova causa stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to tha death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1949, to 5/12, 1949, that I last saw the deceased alive on 5/12, 1949, and that death occurred at 1 40/p m., from the causes and on the date stated above.

SIGNATURE: Robert S McCurney M.D. (Degree or title) ADDRESS: 402 Main St Laurel Md DATE SIGNED: 5/12/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE: 5/14/49 NAME OF CEMETERY OR CREMATORY: Prince George's General Hospital LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG.: 5/16/49 REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: A K Besley Supt. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04986

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 hrs - 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE
STREET ADDRESS (If rural, give location) BOX 41

3. NAME OF DECEASED (Type or Print) (First) Male (Middle) (TWIN #1) (Last) Dutcher
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1949
5. SEX m
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH May 12, 1949
9. AGE last birthday yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours 3, Min. 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Donald Dutcher
14. MOTHER'S MAIDEN NAME Ann Penelope ~~Nell~~ Moseley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compression - (Multiple birth)

760.0 Antecedent cause(s)

160b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1949, to 5/12, 1949, that I last saw the deceased alive on 5/12/, 1949, and that death occurred at 1:38 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert S McGinney Jr. M.D. ADDRESS Laurel Md DATE SIGNED 5/12/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 5/14/49 NAME OF CEMETERY OR CREMATORY Prince George's General Hospital LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 5/16/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR A.K. Besley, Supt. ADDRESS

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MAY 17 1949
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04987

Reg. Dist. No. 243.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (In this place): 7 yrs., 10das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 403 Rock Creek Church Rd., N.W.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) (Last) FEINGOLD

4. DATE OF DEATH: (Month) MAY (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 11, 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rumania

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Morton Goldberg

14. MOTHER'S MAIDEN NAME: Mildred Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002
13b

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 13 yrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 27, 1942, to MAY 9, 1949, that I last saw the deceased alive on MAY 9, 1949, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 10, 1949 — NAME OF CEMETERY OR CREMATORY: Har-Zion Cemetery — LOCATION (City, town, or county) (State): Rosedale, Baltimore Md.

DATE REC'D BY LOCAL REG.: May 10, 1949 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Goldberg Funeral Home, license # 238 — ADDRESS: 4217 - 9th St. N.W. Washington, D.C.

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MAY 24 1949
BUREAU V. S.

04988

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 36 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5-324 - Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia
STREET ADDRESS (If rural, give location) 415-S. 63rd Street

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) (Last) Feinstein
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1949
5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 7, 1902
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water proofer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Abraham Feinstein
14. MOTHER'S MAIDEN NAME Julia Salus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 165-07-8572
17. INFORMANT Nathan Feinstein - Brother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Deputy Medical Examiner - Hyattsville, Md 5-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF May 11-1949
NAME OF CEMETERY OR CREMATORY Philadelphia
LOCATION (City, town, or county) (State) Pennsylvania
DATE REC'D BY LOCAL REG. May 11, 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR ADDRESS S. Gaschi sons Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04989

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 221

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spaulding Heights | LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1500 Lafayette Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spaulding Heights
STREET ADDRESS (If rural, give location) 1500 Lafayette Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Angeline		Fengos	May	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	ABT. 1899	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Greece	Greece

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Retchinos	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Arthur V. Fengos

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary thrombosis

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☑, *Inspection* ☐, *Inquiry* ☑ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	5-28-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 30. 1949	Evergreen	Bladensburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/49	Amanda Downs	E Gaschi sons	Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04990

Reg. Dist. No. 2-32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marvin	Joseph	Fletcher	5	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	March 13, 1945	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Fletcher	Sarah Pinkney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Joseph Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
473 Immediate cause	(a) Acute congestive heart failure	
115.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute tonsillitis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James R. Boyd	M.D.	Forestville Md.	5-23-49

23. BURIAL, CREMATION, REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/25/49	Mt. Carmel	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 23 1949	R. Bruce Smith	Ritchie Bros.	Upper Marlboro Md.

RECEIVED
MAY 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04991

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md — LENGTH OF STAY (in this place) 55 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 4704 Calvert Road

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) Turner	(Last) Harrison	4. DATE OF DEATH	(Month) May	(Day) 23	(Year) 1949
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/10/1868	9. AGE last birthday 80 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Thomas Harrison	14. MOTHER'S MAIDEN NAME Margaret Turner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Georgia S. Harrison					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Carcinoma of the Rectum — 1 year

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cardio-vascular Renal Disease — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1945, to 5/23, 1949, that I last saw the deceased alive on 5/22, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. Louis Mendel	M.D.	College Park, Md	5/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/25/49	All Faith Church Cemetery	Charlotte Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/25/49	Amanda Downey John D. Smith	F. Gasch's Sons	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

114992

Reg. Diat. No. 234

1. PLACE OF DEATH:

County Prince Georges

City or town 6011-Oxon Hill Rd / Washington 20 DC
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, Institution, or street address where death occurred:
6011-Oxon Hill Road S.E. Washington 20 DC

How long in hospital or institution? — Home —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town 6011-Oxon Hill Rd S.E. Washington 20 DC.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6011-Oxon Hill Rd S.E. Washington 20 DC
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Elizabeth Ellen Haynes Hazelwood.

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6.(b) Name of husband or wife Fred Hazelwood Deceased. 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 13 1863.

8. AGE: Years 85 | Months — | Days — | If less than one day ..... hrs. ..... min.

9. Birthplace England. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home.

FATHER
12. Name John Haynes
13. Birthplace England.

MOTHER
14. Maiden name Ellen Cole
15. Birthplace England.

16. Informant Eva Courtney
Address 6011-Oxon Hill Rd Washington 20 DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9-1949 (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location Prince Geo Co Maryland

18. Funeral director Arthur E. Simmons

Address 2007-Nicholson St. S.E.

19. May 8 1949 Edward I Beall (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1949 at 4:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 1949 to May 7 1949 and that I last saw h.. alive on May 6 1949

Immediate cause of death	DURATION
acute Congestive heart failure	2 hrs
Due to Chronic Myocarditis	12 yrs
Due to General Arteriosclerosis 420.1	unknown
Other conditions	
93d (Include pregnancy within 3 months of death)	

Major findings of operations —

Date of op. .....

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following. Natl Causes

Accident, suicide, or homicide no Date of .....

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Howard C Van Natta M. D.

Address Washington 19 DC Date signed May 7 1949.

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04993

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly — LENGTH OF STAY (in this place) Transient	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anacostia
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a field	STREET ADDRESS (If rural, give location) U. S. Naval Air Station

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	Dean	Howe	5	25	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	3/3/23	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mariner	U. S. Navy	Stockville, Nebraska	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes		Navy Personnel Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing and lacerating wounds of the body, head and extremeties.

(c)

866.1

173

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Friendly	P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5	25/49	7:00P			Airplane crash

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M. D.	Forestville, Md.	5/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5/26/49	Chambers Funeral Home	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/26/49	Amanda Downey Mrs Alton Davis	Wm Chambers Co.	1400 Chapin St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04994

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, DC. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 4023 - 3rd.St.N.W. D.C.

3. NAME OF DECEASED (Type or Print) (First) Grace O. Kefauver (Middle) (Last)

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/17/74
9. AGE last birthday 75 yrs. If under 1 year Months 1 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Montgomery County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Kefauver
14. MOTHER'S MAIDEN NAME Mary L. Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422 Immediate cause	(a) Congestive heart failure	10 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardiovascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1949, to May 21, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE Bernard A. Fitzgerald, MD (Degree or title) ADDRESS 802 Malcolm Dr. Silver Spring, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/24/49
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) Middletown, Maryland (State)

DATE REC'D BY LOCAL REG. May 23, 1949
REGISTRAR'S SIGNATURE James Severs
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
MAY 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04995

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFAILING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYATTSVILLE
STREET ADDRESS (If rural give location): SACRED HEART HOME

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) (Last) KELLY

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (SINGLE circled)

8. DATE OF BIRTH: Nov. 27, 1859

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Kelly

14. MOTHER'S MAIDEN NAME: Ann Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Sacred Heart Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease	15 years.
	(c) Hypostatic Pneumonia	4 days.

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 8 25 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas F. Collins — ADDRESS: — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 5 1949 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county): Annapolis — (State): Md.

DATE REC'D BY LOCAL REG.: May 2 1949 — REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS: 3821-14 St. N.W. WASH. D.C.

RECEIVED
MAY 5 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 04996

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Luther (Last) King
4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5/2/1874
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Edward King
14. MOTHER'S MAIDEN NAME: Elizabeth May Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Nannie King Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Acute congestive heart failure

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James T. Boyd M. D. Forestville, Md. 5/13/49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF May 15 1949 | NAME OF CEMETERY OR CREMATORY Trinity | LOCATION (City, town, or county) (State) Upper Marlboro

DATE REC'D BY LOCAL REG. May 13 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Pitchie Brothers ADDRESS

RECEIVED
MAY 20 1919
BUREAU V. S.

RECEIVED
MAY 2[illegible]
[illegible]

04997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4015 71st Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural give location) 4015 71st Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Delphi (Last) Kneale
4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Brick Mason
11. BIRTHPLACE (State or foreign country) Rochester N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Kneale
14. MOTHER'S MAIDEN NAME Delia Ann Sprague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Daughter, Esther Houston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	30 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriolar (coronary) Heart Disease	1 Year
	(c) Arteriosclerosis	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1949, to May 7, 1949, that I last saw the deceased alive on May 7, 1949, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE William N. Hessner (Degree or title) MD. ADDRESS 2811 Penn. Ave. S.E. Wash. DC. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF May 8, 1949
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) (State) Rochester N.Y.

DATE REC'D BY LOCAL REG. May 7, 1949
REGISTRAR'S SIGNATURE Amanda Lowry
24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

04998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4103 Oliver Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE HYATTSVILLE
STREET ADDRESS (If rural, give location) 4103 Oliver Street

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) WALTER (Last) Kornick

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 2-1904
9. AGE last birthday 45 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Kornick
14. MOTHER'S MAIDEN NAME Clara Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 578-09-6580
17. INFORMANT Viola R. Hornick, 4103 Oliver St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Hypertensive Cardio-Vascular Renal Disease — 6 years

Antecedent cause(s)

179 x Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) ~~Lithium Poisoning (Westrol)~~ — ~~6 mo.~~

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lithium Poisoning (Westrol) — 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1946, to 5-18, 1949, that I last saw the deceased alive on 5-18, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE U B Moyers (Degree or title) M.D. ADDRESS Mt. Rainier Md DATE SIGNED 5-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/21/49
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Balto - Md (State)

DATE REC'D BY LOCAL REG. 5/19/49
REGISTRAR'S SIGNATURE E. W. Hedrick Jr.
24. FUNERAL DIRECTOR Leonard J. Ruck - 5305 Harford Rd. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Evidence for additions shown on: #2,6,+11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04999

FILM No. G 120 MAY 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville - Near Village
STREET ADDRESS (If rural, give location) 7200 Forest Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
		Lawson	May	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		5/17/49	— yrs.				4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Cheverly Pr. Geo. Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard G. Lawson — 14. MOTHER'S MAIDEN NAME: Jane Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Hydrocephalic infant. — lived 4 minutes

752 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1949, to 5-17, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Mt. Rainier Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
cremation	5/18/49	Prince Georges General Hosp	Cheverly, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/21/49	Amanda Downey	Harry W. Penn Jr. Asst Superintendent	Cheverly, Md

VS. A15

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MAY 24 1949
BUREAU V. S.

05000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box # 347

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Box # 347

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) GRANT (Last) LINFORD
4. DATE OF DEATH (Month) May (Day) 19th (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 21/1900
9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigerator Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Portsmouth, England
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Linford
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1921-24
16. SOCIAL SECURITY No. 113-07-7901
17. INFORMANT Mrs. Loraine M. Linford (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 Immediate cause (a) Cancer of the Lung.

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/20/49
19b. MAJOR FINDINGS OF OPERATION Cancer of lung - metastasis in L. axilla.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Lanham (COUNTY) Pr. George (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to May 14, 1949 that I last saw the deceased alive on May 14, 1949 and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE Albert Roth, M.D. (Degree or title) ADDRESS 5507 Madison St. Riverdale, Md DATE SIGNED 5/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 23, 1949
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Cty., Virginia

DATE REC'D BY LOCAL REG. May 21/1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W.Chambers Company--Riverdale, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 25 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05001

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 1 mo., 24 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 415 Third St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) A. (Last) MAHONEY

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel D. Mahoney

14. MOTHER'S MAIDEN NAME: Johanna Dugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 579-03-9463

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 19 months

002

Antecedent cause(s)

12b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1949, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 10.40 P m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D.

ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED May 31, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE June 1, 1949 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 5/31/49 | REGISTRAR'S SIGNATURE Rowland S. Phillips | 24. FUNERAL DIRECTOR T. F. Costello | ADDRESS 1722 N. Capitol St. Wash. D.C.

VS. A15

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JUN 9 1949
BUREAU V. S.

05002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Weaversville — COUNTY: Buncombe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Weaverville N.C.
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) (First) Austin (Middle) (Last) Mackey
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 31, 1887
9. AGE last birthday: 61 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. John Mackey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Congestive Heart Failure

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease, Aortic Aneurysm

(c) Coronary sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1949, to 5-3, 1949, that I last saw the deceased alive on 5-3, 1949, and that death occurred at 2:57 P. m., from the causes and on the date stated above.

SIGNATURE: A.B. Mayers — (Degree or title) M.D. — ADDRESS: Mt. Rainier Md — DATE SIGNED: 5-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 6. 1949 — NAME OF CEMETERY OR CREMATORY: Clarke Chapel — LOCATION (City, town, or county) (State): Weaverville N.C.

DATE REC'D BY LOCAL REG.: 5/4/49 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Tasch's sons — ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 7 1949
BUREAU V. S.

05003

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 416 Main St. 1949

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) I (Last) McCARTEN
4. DATE OF DEATH (Month) May (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 3, 1885
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST.
10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY YARD
11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME EDWARD McCARTEN
14. MOTHER'S MAIDEN NAME MARY M. CURTIN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) 1918-1916
16. SOCIAL SECURITY NO.
17. INFORMANT GOLDIE E. McCARTEN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute heart failure	25 min
Antecedent cause(s)	(b) Coronary thrombosis	5 d.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on May 21, 1949, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE William R. Bungf (Degree or title) M.D. ADDRESS 305 P. George St. Laurel, Md DATE SIGNED May 22/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MAY 25, 1949.
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEM.
LOCATION (City, town, or county) ARLINGTON, ARL. CO. (State) VA.

DATE REC'D BY LOCAL REG. May 22-1949
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Arthur Walters ADDRESS 505 Washington Blvd., Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05004

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier | LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3334 Buchanan St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
STREET ADDRESS (If rural, give location) 3334 Buchanan St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marian	Augusta	Millo	May	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	July 21, 1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Newark, N. J.	U.S.A.

13. FATHER'S NAME: Edward G. Millo
14. MOTHER'S MAIDEN NAME: Lelia Seaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Evelyn Moore - Niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 **Immediate cause** (a) Acute congestive heart failure — Interval between onset and death:

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Deputy Medical Examiner	Hyattsville, Md	5-17-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	5/18/49	Morristown	New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/17/49	Amanda Downey	F. Gaeta & Son	Hyattsville Md

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MAY 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05005

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearly — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georgia Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3510 Upshur - Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
C.	D. Boyd	Morgan	May	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	July 17, 1895	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggage Man Greyhound Bus
10b. KIND OF BUSINESS OR INDUSTRY: Industry
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John William Morgan
14. MOTHER'S MAIDEN NAME: Mattie Low Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 577-12-4757
17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 Immediate cause	(a) Hypertensive Cardiovascular Renal Disease c/ Cerebral Hemorrhage	10 years 2 days
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bacterial Endocarditis c Renal Infarction	5 days P.P.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 5-3, 1949, to 5-9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 2 pm m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Morgan	M.D.	3303 Perry St Mt. Rainier Md	5-10-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/11/49	Fort Lincoln Cemetery	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10 1949	Amanda Towne	Wm. J. Malley	3200-R.I. Ave. Mt. Rainier, Md

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MAY 13 1949
BUREAU V. S.

VS A15 9.45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05006

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred: 6420 L St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6420 L St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Beatrice Virginia Nichols

3. (b) Social Security Number: 577-32-3087

4. Sex: Female

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): June 15, 1910

8. AGE: Years 38 Months 10 Days 11 If less than one day ... hrs. ... min.

9. Birthplace: Fairmount Heights, Md.
(Town, county, and state)

10. Usual occupation: Cafeteria Worker

11. Industry or business

FATHER
12. Name: Charles Edward Nichols
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Elizabeth Blake
15. Birthplace: Md.

16. Informant: Miss Ruth E. Nichols
Address: 6420 - L St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 6 1949 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Wash. D.C.

18. Funeral director: Henry S. Washington & Sons
Address: 467 N St. N.W. Wash. D.C.

19. May 4 1949 (Date rec'd by registrar) Carrie F. Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1949 at 12:00 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1949 to May 3 1949 and that I last saw her alive on May 2 1949

Immediate cause of death

Due to: Metastatic Carcinoma of Stomach and Intestines

Due to: Carcinoma of Rt. breast

170

Other conditions

50

(Include pregnancy within 3 months of death)

DURATION: Unknown

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: [signature] M.D. M. D. or other

Address: 1001 Eastern Ave. N.E. Date signed: 5/5/49

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05007

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 14 days 13 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5610 - 31st Avenue 45 Ave

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) F. (Last) Price

4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 21 1914
9. AGE last birthday 34 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert F. Price
14. MOTHER'S MAIDEN NAME Jeanette Amelie Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT sister.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

152 Immediate cause (a) Cachexia, with Carcinomatosis

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction due to Carcinoma

(c) of the small bowel.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Clertz M.D. ADDRESS Hyattsville Md DATE SIGNED 5-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 5/20/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. May 19/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1949
BUREAU T. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05008

CERTIFICATE OF DEATH

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
LENGTH OF STAY (in this place): 16 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Winkler (Last) Roberts

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 15, 1895

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Czechloslovakia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Winkler

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mr. Edwin Roberts Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 Immediate cause (a) Cachexia & secondary anemia — Interval between onset and death: 2 mos

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of ovary & metastasis — 8 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 Jan 49

19b. MAJOR FINDINGS OF OPERATION: Anaplastic cells on section (biopsy)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Apr, 1949, to 5 May, 1949, that I last saw the deceased alive on 5 May, 1949, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R W Isaacs, M.D. — ADDRESS: Upper Marlboro, Md — DATE SIGNED: 6 May 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 9, 1949 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: May 6, 1949 — REGISTRAR'S SIGNATURE: F. H. Billingsley

24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro Maryland

RECEIVED
MAY 10 1949
BUREAU V. S.

05009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md
STREET ADDRESS (If rural give location) Cherry Hill Rd

3. NAME OF DECEASED (Type or Print) (First) AMELIA (Middle) (Last) ROEWER

4. DATE OF DEATH (Month) May (Day) 28. (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 27, 1870
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cincinatti Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Wm C. - unknown -
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs J. Leo Corbin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Apoplexy — 1 week

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Several years

(c) Chronic myocarditis — Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1949, to May 28, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 1.43 A m., from the causes and on the date stated above.

SIGNATURE W. Allen Griffith (Degree or title) M.W. ADDRESS Berwyn Md DATE SIGNED May 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF May 28. 1949
NAME OF CEMETERY OR CREMATORY Cincinatti Ohio
LOCATION (City, town, or county) Ohio (State)

DATE REC'D BY LOCAL REG. May 28, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch & sons ADDRESS Hyattsville Md

John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05010

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location) 4101 Gallatin st

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) ROLPH
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH sept 3, 1853
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) sudlersville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Rolph
14. MOTHER'S MAIDEN NAME Rachel Tarbutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
900D Immediate cause	(a) Hypertensive Cardio-Vascular Disease	5-10 yr
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Contusion, Hematoma - Left facial Bones	2 wks
	(c) Generalized Arteriosclerosis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion, Hematoma, Left facial secondary to fall

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 5 (Day) 15 (Year) 1949 (Hour) 5 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fall on steps

22. I hereby certify that I attended the deceased from 5/15 1949, to 5/26, 1949, that I last saw the deceased alive on 5/25, 1949, and that death occurred at 8 10 P m., from the causes and on the date stated above.

SIGNATURE (OVER) C. L. Etienne (Degree or title) (MD) ADDRESS Berwyn, Md DATE SIGNED 5/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/1/49
NAME OF CEMETERY OR CREMATORY sudlersville
LOCATION (City, town, or county) sudlersville (State) Md

DATE REC'D BY LOCAL REG. May 31 1949
REGISTRAR'S SIGNATURE Jany Berry
24. FUNERAL DIRECTOR L. Gasche sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Deputy Medical Examiner
Notified 5/20/49 8:45 PM.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 050 11 2131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Prince Georges · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Columbia Park | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Street

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 507 - Northern Parkway

3. NAME OF DECEASED (Type or Print) (First) Estelle (Middle) Salome (Last) Rosenberger
4. DATE OF DEATH (Month) May (Day) 29 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 2, 1877 | 9. AGE last birthday 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington, D. C | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Andrew Taylor | 14. MOTHER'S MAIDEN NAME Rose Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Andrew Sweeney - Son

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney, M.D. Deputy Medical Examiner - Cheverly - Hyattsville Md 5/29/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/1/49 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) Washington | (State) D. C.

DATE REC'D BY LOCAL REG. 5/31/49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gascha Sons | ADDRESS Hyattsville Md.

VS: A15A

RECEIVED
JUN 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

05012

1. PLACE OF DEATH:

County: Prince George's

City or town: Seat Pleasant, 19, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, institution, or street address where death occurred: 7330 Central av.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Seat Pleasant, 19, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7330 Central av
(If rural, give LOCATION)

2(a) If veteran, name war: P.O. Washington 19, D.C.

3.(a) FULL NAME: Franklin Edward Rothwell

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 31 1877.

8. AGE: Years 7 | Months 8 | Days 8 | If less than one day 16 hrs. 30 min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Stone Mason

11. Industry or business

FATHER
12. Name: Daniel Rothwell
13. Birthplace: England

MOTHER
14. Maiden name: Jane Ward
15. Birthplace: Wash DC

16. Informant: Robert F Rothwell
Address: 7314 Central Ave

17. Burial (Burial, cremation, or removal, Which?) Date thereof: May 11, 1948 (month) (day) (year)

Cemetery or crematory: Congressional

Location: Wash DC.

18. Funeral director: Deal Funeral Home
Address: 4812 Ga Ave NW

19. May 9 1948 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May, 8th 1949 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1949 to May 8th 1949 and that I last saw him alive on May 7th 1949

Immediate cause of death: Hemiplegia left side of body

Due to: Apoplexy

Due to: 466 99

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 23 day

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: R. Apgar M.D. M. D. or other

Address: P.O. Seat Pleasant, 19 Md. Lock Box 5495 Date signed: May 8, 49.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 11 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05013

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale, Md. (Rural)
LENGTH OF STAY (in this place) 1yr., 7 mos., 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 406 G. St. S. E.

3. NAME OF DECEASED (Type or Print) (First) (LAST) ROYAL (Middle) JAMES (Last) (FIRST) ALBEN
4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 2, 1871
9. AGE last birthday 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paperhanger
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Athens, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Wingfield Royal
14. MOTHER'S MAIDEN NAME Frances Evelyn Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 173-16-0144
17. INFORMANT Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis. — Interval between onset and death: 2 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1947, to 5/7/, 1949, that I last saw the deceased alive on 5/6/, 1949, and that death occurred at 12.30 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinicard (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED May 7, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5/7/49 — NAME OF CEMETERY OR CREMATORY Lud D.C — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5/7/49. — REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR W. W. Tattanell — ADDRESS 3619-14th St NW D.C.

RECEIVED
MAY 13 1949
BUREAU V. S.

05014

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marine Nursery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Ardmore Road

3. NAME OF DECEASED (Type or Print) (First) Bonnie (Middle) (Last) Russell
4. DATE OF DEATH (Month) May (Day) 24th (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 30/49
9. AGE last birthday yrs. If under 1 year Months 1 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Park, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John B. Russell
14. MOTHER'S MAIDEN NAME Pearl Vosslman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Pearl V. Russell (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

751 Immediate cause (a) Congenital hydrocephalus and

157a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spina Bifida

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney M.D. Dep. Med. Examiner Cheverly - Hyattsville, Md 5-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 25, 1949
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince Georges Cty., Md.
DATE REC'D BY LOCAL REG. May 24, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS W.W.Chambers Company--Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 26 1949
BUREAU V. S.

05015

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Geo's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5805 Queens Chapel Road.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) A (Last) RYAN

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 22, 1858

9. AGE last birthday 91 yrs. If under 1 year: Months 2, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ? Ryan

14. MOTHER'S MAIDEN NAME Mary Madden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT Mrs. Mary Randall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio ad no [illegible] Pleurisis — INTERVAL BETWEEN ONSET AND DEATH 1 Year

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Passive Congestion of Lungs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1949, to May 4, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE Elliott Brady M.D. (Degree or title) ADDRESS #35 New York Av.NW. D.C. DATE SIGNED 5-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 7-49 NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. May 4 1949 REGISTRAR'S SIGNATURE James Sevey

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14th St.NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 6 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05016

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) | LENGTH OF STAY (in this place): 3mos., 27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 310 T. Street N. E.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) SACHS (Last)

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 15, 1878

9. AGE last birthday: 70 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Battery Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Sachs

14. MOTHER'S MAIDEN NAME: Minna Willner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-34-4878

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 4 yrs 4 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Pinicane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: May 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: May 26/49 | NAME OF CEMETERY OR CREMATORY: Prospect Hill | LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG. 5/24/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: Peter H. Hines Co. | ADDRESS: 3901 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05017

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George - Laurel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Bowie~~ Laurel, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie - Md.
STREET ADDRESS (If rural, give location) Bowie Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MR Richard Herbert Sandsbury
4. DATE OF DEATH (Month) (Day) (Year): May 31 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug-27-1869
9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Kennedy K.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Croom Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Stansbury
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Norris A. Sandsbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Massive Cerebral Hemorrhage	4 days
94a Antecedent cause(s)	(b) Hypertension	10 yr
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1949, to 5-31, 1949, that I last saw the deceased alive on 5-31, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
B. Pearson MD Laurel Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/3/49
NAME OF CEMETERY OR CREMATORY: National Capital Mem Park
LOCATION (City, town, or county) (State): Muirkirk Md

DATE REC'D BY LOCAL REG.: 6/2/49
REGISTRAR'S SIGNATURE: Amanda L. Downey M. Brashears
24. FUNERAL DIRECTOR: F. Gasch's sons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05018

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Park | LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4707 - Bennett Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Park
STREET ADDRESS (If rural, give location) 4707 - Bennett Pl

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Lee	Sarkozi	5	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	2-11-46	3 yrs.				

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Washington, D.C.	U.S.

13. FATHER'S NAME: Lewis P. Sarkozi
14. MOTHER'S MAIDEN NAME: Margaret Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Lewis P. Sarkozi

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
429.3 Immediate cause	(a) Acute congestive heart failure	
157.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute gastro enteritis, toxemia	
	(c) Multiple congenital deformities	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Boyd	M.D.	Forestville Md	5-14-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-16-49	Ft. Lincoln	Colmar Manor	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 14-1949	Carrie F. Campbell	James T. Ryan	317 Pa. Ave. S.E. Wash. D.C.

RECEIVED
MAY 17 1949
BUREAU U. S.

Evidence for change of birth date is on:

FILM No. G 120 JUN -6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05019

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Cedar Heights (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 44 years

Hospital, institution, or street address where death occurred: 6227 Sheriff Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Cedar Heights (If outside city or town limits, write RURAL and give nearest town)

Street No. 6227 Sheriff Road (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Richard James Savoy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Sep.

6.(b) Name of husband or wife: Allen Savoy

6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): September 19 1904

8. AGE: Years 44 Months 7 Days 21 If less than one day ..... hrs. ..... min.

9. Birthplace: Charles Co Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Construction

FATHER 12. Name: Robert Savoy

13. Birthplace: Charles Co Md.

MOTHER 14. Maiden name: Minnie Swann

15. Birthplace: Charles Co Md.

16. Informant: Lucille Savoy Lathilum

Address: 6227 Sheriff Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 (month) 3 (day) 49 (year)

Cemetery or crematory: Mt. Olivet

Location: Bladensburg Rd. Wash. D.C.

18. Funeral director: H. S. Wakshington & Sons

Address: 467 N. St. NW.

19. 5-30 1949 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-30-49 19..., at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1949, to 5-30-49 19..., and that I last saw h..... alive on 5-30-49 19...

Immediate cause of death: Generalized Tuberculosis of Mouth Extremities Lungs — DURATION 3

Due to: Pulmonary Tuberculosis ?

Due to:

Other conditions: 13b

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. G. James M.D. M. D. or other

Address: 601 48 D.C.E. Date signed 5-30-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05020

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

Leland Memorial Hospital

1. PLACE OF DEATH
COUNTY: Prince George
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale md
LENGTH OF STAY (in this place): 3yrs 4m 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R F D 2, Colesville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY: Colesville · Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Schultz	May	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	Under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Private house worker

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Andrew Schultz

14. MOTHER'S MAIDEN NAME: Alice King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary A.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 hours
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) General arteriosclerosis	10 yrs
	(c) Old Cerebral Hemorrhage with Paralysis	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 11, 1949, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. W. Malvin	MD	Riverdale Md	5-25-49.

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/28/49	Addison Chapel	Seat Pleasant	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26 1949	James Berry	L. Tasche's sons	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05021

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 4yrs., 9mos., 20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1117 - 58th Ave., S. E.

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (Last) SETTLE

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 25, 1921

9. AGE last birthday: 27 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept. Store Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Culpepper, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Settle

14. MOTHER'S MAIDEN NAME: Fenton Lillian (Settle)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 229-07-3004

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 6 yr. 7 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1944, to MAY 23, 1949, that I last saw the deceased alive on MAY 23, 1949, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pincare (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED May 24, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE May 26/49 NAME OF CEMETERY OR CREMATORY Graden Hill Cemetery Wash D.C. LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. 5/24/49 REGISTRAR'S SIGNATURE Rowland S. Phibbs 24. FUNERAL DIRECTOR The H.G. Hines Co. ADDRESS 501-14th St. NW.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05022

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (In this place) In transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS In route to Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Springfield
STREET ADDRESS (If rural, give location) 92 Wayne Street

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Aaron (Last) Sims
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 28, 1911
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Springfield, Mass
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lewis Aaron
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Alexander Berman- Sister-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 170C

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severance of aorta

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [X] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Berwyn (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) May (Day) 1 (Year) 1949 (Hour) 4 P.m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? Collision of two automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE John J. Maloney, M.D. (Degree or title) Deputy Medical Examiner ADDRESS Hyattsville, Md. DATE SIGNED 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5/2/49 NAME OF CEMETERY OR CREMATORY Danzansky Funeral Home LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 5/2/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

J. D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 4 1949
BUREAU V. S.

05023

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlottsville, P.O. #984
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) (Last) Smith
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Sept 17, 1876
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Rail Road Emp.
11. BIRTHPLACE (State or foreign country) Illanois
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Unk.
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~Unk~~ yes (If yes, give war or dates of service) 1903-1906
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

900.0 Immediate cause (a) Intracranial hemorrhage

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral contusion

(c) Fractured skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured right radius

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home of daughter (CITY OR TOWN) 6 E. Crescent Rd - (COUNTY) Greenbelt Pr. Geo. - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-8-49-1.40 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down stairs

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Deputy Medical Examiner, Hyattsville, Md - 5-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13, 1949
NAME OF CEMETERY OR ~~CREMATORY~~ Arlington
LOCATION (City, town, or county) (State) Va

DATE REC'D BY LOCAL REG. 5/11/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 13 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05024

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town), OR TOWN Rural - Upper Marlboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Albert	Smith	May	11	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	Single	28 June 1927	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Maryland	USA

13. FATHER'S NAME: Raymond (NMI) Smith
14. MOTHER'S MAIDEN NAME: Isabel Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Isabel Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral Tuberculous, Pulm. c effusions	Unk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 May, 1949, to 11 May, 1949, that I last saw the deceased alive on 8 May, 1949, and that death occurred at 12 35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Jasper	MD	Upper Marlboro, Md	May 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	May 14 1949	St Marys Catholic	Upper Marlboro Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 14 1949	R Burk Smith	J.B. Johnson	Annapolis, Md

VS. A15

RECEIVED
MAY 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05025

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Geo Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie (Rural)
LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Marlboro Md R.F.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1023 B St SE

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Laura	May	Stamm		May	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 25 1885	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Treas Dept
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Thomas Curtin
14. MOTHER'S MAIDEN NAME: Bettie Ann Curtin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs Anna May Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic hypertensive heart disease	6 years
	(c) Cerebral hemorrhage	2 months

420.0
93 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 15, 1947, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 3:29 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Suit Ritchie		7005 Ritchie Rd SE Wash 19 D.C.	

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-24-1949	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May-21-1949	Edna F. Collins	Robert A Matthews	131-11th St SE Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05026

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; LENGTH OF STAY (in this place) 13 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 5805 Queens Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (Give street and number) Sacred Heart Home 5805 Queens Chapel Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Stanton

4. DATE OF DEATH: (Month) May (Day) 2nd, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 6/1862

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Stanton

14. MOTHER'S MAIDEN NAME: Annie Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Sister Clarette

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - generalized — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas F Collins — ADDRESS 322 - H ST NE Washington DC — DATE SIGNED 5-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 6th 1949 — NAME OF CEMETERY OR CREMATORY: Ammendale Normal Inst. — LOCATION (City, town, or county) (State): Ammendale, Pr.Geo., Md.

DATE REC'D BY LOCAL REG. May 3 1949 — REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR: W.W.Chambers Company, — ADDRESS: Riverdale, Md.

VS. A15

RECEIVED
MAY 5 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05027

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendly
   LENGTH OF STAY (in this place): Transient
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: In a field

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anacostia
   STREET ADDRESS (If rural, give location): U. S. Naval Air Station

3. NAME OF DECEASED (Type or Print): (First) Harry Vincent (Middle) (Last) Tanzi

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/2/29

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Linden, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Tanzi

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Navy Personnel Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

860.5 **Immediate cause** (a) Hemorrhage and shock

173 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing and lacerating wounds of the body, head and extremeties

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm

(CITY OR TOWN): Friendly (COUNTY): P. G. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 5 /25/49 7:00 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Airplane crash

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title): M. D. ADDRESS: Forestville, Md. DATE SIGNED: 5/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF: 5/26/49 NAME OF CEMETERY OR CREMATORY: Chambers Funeral Home LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 5/26/49 REGISTRAR'S SIGNATURE: ~~Amanda Downey~~ Mrs. Allen Davis

24. FUNERAL DIRECTOR: Wm. H. Chambers Co. ADDRESS: 1400 Chapin St. N.W.

RECEIVED
JUN 2 1949
BUREAU V. S.

05028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

1. PLACE OF DEATH: COUNTY Pr. Geo Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Washington 19 D.C.
LENGTH OF STAY (in this place) 4 1/2 Mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 Brooke Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belmar Park
STREET ADDRESS (If rural, give location) 364 Browning Lane ✓

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Elizabeth (Last) Thatcher
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct 7 1889
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Homes
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B Cockrell
14. MOTHER'S MAIDEN NAME Elizabeth MARKIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Robert Woodend.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260	Immediate cause	(a) Congestive Heart Failure	2 days
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus Chronic Nephritis	4 Years
		(c) arterioschlerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1949, to May 20, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE W. Suit Ritchie (Degree or title) ADDRESS 7005 Ritchie Rd S.E. Wash 19 D.C. DATE SIGNED 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-24-49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland, Md. (State) P.G.Co.

DATE REC'D BY LOCAL REG. 5-20-49
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 5171 ST. SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05029

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4827-Navahoe St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) Trailer on Navahoe St.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Thomas, (Last) Jr.

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Unknown 23

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Thomas, Sr.

14. MOTHER'S MAIDEN NAME: Ellen Reuse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary Walls - Sister

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 **Immediate cause** (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131a (b) Cardiovascular renal disease
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Deputy Medical Examiner Hyattsville, Md. 5-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-5-49 | NAME OF CEMETERY OR CREMATORY: Washington Memorial Park | LOCATION (City, town, or county): Wash. D.C. N.E. (State)

DATE REC'D BY LOCAL REG. 5-5-49 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: F. Gasch's Sons | ADDRESS: Hyatts Md.

J. D. Smith

VS. A15A

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05030

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Height — LENGTH OF STAY (in this place) 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS None -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4303 - Hayes ST NE

3. NAME OF DECEASED (Type or Print): (First) Louvinia (Middle) — (Last) Tyler
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1869?
9. AGE last birthday: 80 (+) yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Caroline Co. (Va.)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robinson JONES
14. MOTHER'S MAIDEN NAME: Matilda BANKS -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: None
17. INFORMANT: MRS. Laura ALLEN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4500 Immediate cause (a) Bronchopneumonia — 2 to 3 days

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis — 3 mos

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None -

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1949, to 5/16, 1949, that I last saw the deceased alive on 5/12, 1949, and that death occurred at 12 o A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert R. Nelson, M.D. — 4112 Grant St. N.E. — 5/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: May 20, 1949
NAME OF CEMETERY OR CREMATORY: Harmony Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

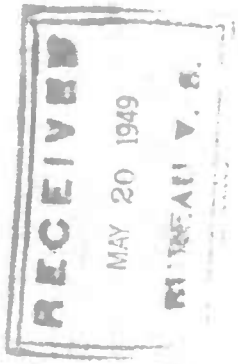
DATE REC'D BY LOCAL REG.: May 18-49
REGISTRAR'S SIGNATURE: Carrie F. Campbell.
24. FUNERAL DIRECTOR: H.S. Washington & Sons
ADDRESS: 467 N St. N.W. Wash D.C.

VS. A15

Hil 4600/

Called Dr. J. T. Maloney 1:20 p.m. 5/16/49

RECEIVED
MAY 20 1949
BUREAU V. S.



05031

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Johnnie (Middle) (Last) Watson
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1949
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 10, 1910
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Wattson
14. MOTHER'S MAIDEN NAME Julia Dent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Cora Watkins - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 Immediate cause (a) Gc. cardiac dilatation

95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gc. congestive heart failure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Deputy Medical Examiner - Hyattsville, Md - 5-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 21, 1949
NAME OF CEMETERY OR CREMATORY Johnson Funeral Home
LOCATION (City, town, or county) Annapolis (State) Md
DATE REC'D BY LOCAL REG. 5/21/49
REGISTRAR'S SIGNATURE Amanda Downey
John W. Yingling
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05032

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Watts

4. DATE OF DEATH (Month) 5 (Day) 25 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mar. 21, 1866

9. AGE last birthday 83 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer

10b. KIND OF BUSINESS OR INDUSTRY Drawbridges

11. BIRTHPLACE (State or foreign country) Ellicott City Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Watts

14. MOTHER'S MAIDEN NAME Alpha McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT W. J. Watts, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (331)	(a) Cerebral Hemorrhage	6 day
Antecedent cause(s) (132) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - Nephritis	2 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1949, to 5-25, 1949, that I last saw the deceased alive on 5-25, 1949, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Warren ADDRESS Laurel Md DATE SIGNED 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 28, 1949 | NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park | LOCATION (City, town, or county) Harney (State) Maryland

DATE REC'D BY LOCAL REG. May 28-1949 | REGISTRAR'S SIGNATURE M. Brashears | 24. FUNERAL DIRECTOR De Witt Donald Long ADDRESS Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

05033

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH · COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): 146 Lafayette Ave.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Widdall (Last) Whitman			4. DATE OF DEATH (Month) May (Day) 18 (Year) 1949		
5. SEX: F.	6. COLOR OR RACE: W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: July 7, 1874	9. AGE last birthday: 74 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Lewiston Maine	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Widdall		14. MOTHER'S MAIDEN NAME: Elizabeth Rothwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT: Edgar C. Whitman - husband			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Dilatation (Acute) — 2 d —

725 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes - Cholecystitis, Pancreatitis — 10 yr.

61 (c) Arteritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 2 7, 1937, to 5 18, 1949, that I last saw the deceased alive on 5 18, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B P Warren Laurel Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 21, 1949	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: May 21-49	REGISTRAR'S SIGNATURE: M. Brashears	24. FUNERAL DIRECTOR: DeWitt Donaldson	ADDRESS: Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05034

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 503 - 3rd St. N. W.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) I (Last) WILLIAMS

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 27, 1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): St. Mary's, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Williams

14. MOTHER'S MAIDEN NAME: Blanche Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: 579-30-4087

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 10 mos

12b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 19 49, to 5/8, 19 49, that I last saw the deceased alive on 5/8, 19 49, and that death occurred at 10 45 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane — (Degree or title) M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: May 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 5/12/49 — NAME OF CEMETERY OR CREMATORY: Holy Face Church — LOCATION (City, town, or county) (State): St. Mary's County, Md.

DATE REC'D BY LOCAL REG. 5/9/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 511 11th St SE

RECEIVED
MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05035

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louise; (Middle) Marie; (Last) Wilson

4. DATE OF DEATH: (Month) May; (Day) 2; (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 17, 1873

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Chaney

14. MOTHER'S MAIDEN NAME: Marie Louise Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Charles H. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis Liver	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	5 yrs.
	(c) Ascites	6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 yrs

5810
124 b

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1949, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Sasscer M.D. - Upper Marlboro - Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 4, 1949	Trinity Episcopal	Upper Marlboro, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 3-1949	R Bud Shuck	Ritchie Bros.	Upper Marlboro, Maryland

VS. A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05036

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wildercroft — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3rd & Chestnut

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 1218 - D. St. S.E. -

3. NAME OF DECEASED (Type or Print): (First) Penn (Middle) A. (Last) Witt
4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 13, 1898
9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Bedford County, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Lee Witt
14. MOTHER'S MAIDEN NAME: Mary E. Bobyns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gladys M. Judge - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981 **Immediate cause** (a) Hemorrhage & shock

166 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot - wound of abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Wildercroft. (COUNTY) Prince Georges. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 21, 1949 6 P.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot by another man with a 32 Cal. revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
John J. Maloney M.D. Deputy Medical Examiner — Cheverly - Hyattsville, Pr. Geo. County — 5-22-49

23. BURIAL, CREMATION, REMOVAL (Specify) transportation — DATE THEREOF May 24, 1949 — NAME OF CEMETERY OR CREMATORY Huddleston — LOCATION (City, town, or county) (State) Virginia

DATE REC'D BY LOCAL REG. May 23, 1949 — REGISTRAR'S SIGNATURE James Leary

24. FUNERAL DIRECTOR F. Gaschi sons — ADDRESS Hyattsville Md.

RECEIVED
MAY 25 1949
BUREAU T. S.

05037

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH:

County: Prince George's

City or town: Aquasco

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred: HOME

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pr. George's

City or town: Aquasco

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Aquasco

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: PETER CLYDE YOUNG

3. (b) Social Security Number: —

4. Sex: MALE

5. Color or race: COLORED BLACK

6.(a) Single, married, widowed, or divorced: MARRIED

6.(b) Name of husband or wife: Florine Young

6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): July 9, 1907

8. AGE: Years: 41 Months: 10 Days: 14 If less than one day: hrs. min.

9. Birthplace: Middleburg Vance N.C. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Peter Young

13. Birthplace: Greystone N.C.

MOTHER

14. Maiden name: Fannie S. Wimbush

15. Birthplace: Townsville N.C.

16. Informant: George C. Young

Address: Bryantown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-27-49 (month) (day) (year)

Cemetery or crematory: John Wesley

Location: Aquasco Md

18. Funeral director: Hewitt & Ryan

Address: Waldorf Md

19. 5/26 1949 (Date rec'd by registrar) M. L. Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 1949 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to May 1949 and that I last saw him alive on April 17 1949

Immediate cause of death: Cardiac collapse

Due to: Mesaortites + syphilitic heart disease

Due to:

Other conditions: 30 e

(Include pregnancy within 3 months of death)

DURATION: 15 — 20 years

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Alfred R. Lapin, M.D. (M. D. or other)

Address: Aquasco, Md. Date signed: May 23, 1949

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JUN 2 1949
BUREAU V. S.